

# Brownwood/Brown County Health Department

305 Booker Street – P.O. Box 1389

Brownwood, TX 76801

(325) 646-0554

## Initial Opening or Re-establishment

### Food Service Permit Application

Application is hereby made to permit a Food Service Establishment with Brown County in accordance with ordinances or said county.

It is hereby stipulated and agreed by the undersigned, that a permit fee of \$215 per year payable to the Brownwood/Brown County Health Department shall accompany the application. A late fee of \$35 will be assessed on late renewal payments.

In consideration of the issuance of such permit, the applicant understands that said permit can be suspended or revoked for noncompliance of County ordinances. Permit shall not be transferrable from person to person or from one location to another location.

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Phone (local): \_\_\_\_\_ Phone (corporate): \_\_\_\_\_

e-mail (local): \_\_\_\_\_ e-mail (corporate): \_\_\_\_\_

Name of Owner/Corporation: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Local Manager: \_\_\_\_\_

Corporate Manager: \_\_\_\_\_

Type of Establishment: \_\_\_\_\_

(ex: restaurant, retail, temporary)

Date Inspection desired: \_\_\_\_\_ Date of opening: \_\_\_\_\_

<b>PERMIT NUMBER</b> _____ Date Issued: _____	<b>SUSPENDED</b> _____ <b>REVOKED</b> _____ Date: _____
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